

BB

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

EZZARD HOWARD,
B32197

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

08CV3476

JUDGE GETTLEMAN
MAGISTRATE JUDGE COX

vs.

Rodger Walker JR, Director
of the ILLINOIS Department
OF CORRECTIONS

Jesse Montgomery, Director of
Parole

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

RECEIVED
JUN 17, 2008
JUN 17 2008 T.C.
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT.

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Ezzard Charles Howard
- B. List all aliases: NONE
- C. Prisoner identification number: #B32197
- D. Place of present confinement: Home Electronic Monitoring (G.P.S.)
- E. Address: 4850 W. Augusta Blvd. Chi, IL 60651

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Rodger Walker Jr.
 Title: Director of Department of Corrections
 Place of Employment: Illinois Department of Corrections
- B. Defendant: Jesse Montgomery
 Title: Director of Parole (Mandatory Supervise Release)
 Place of Employment: Illinois Department of Corrections
- C. Defendant: NONE
 Title: NONE
 Place of Employment: NONE

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: People Vs. Howard
06CR0858401
- B. Approximate date of filing lawsuit: Habeas Petition, May 29, 2007
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: NONE
- D. List all defendants: Rodger Walker Jr., Director of
Illinois Department of Corrections,
Jesse Montgomery, Director of Parole
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): First Judicial Circuit, Criminal Division
- F. Name of judge to whom case was assigned: Honorable Vincent
M. Gaughan
- G. Basic claim made: Wrongful Conviction
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Habeas Petition was dismissed on June 26,
2007. Notice of Appeal was Filed August 13, 2007. Appeal dismissed
March 20, 2008 - Post-Conviction Filed 11-5-07 pending.
- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

3.) Plaintiff States That the Illinois Department of Corrections is Forcing him to submit to a polygraph exam by which if he does not comply his parole status would become violative as follows:

3-1.) Plaintiff must pay \$300.00 For the cost of administering the exam, and if he is unable to meet said cost he would be terminated from treatment for failure to comply, and would be considered to be violating his parole and sent to prison regardless of being indigent and unable to meet the financial cost

3-2.) Plaintiff is asked about his prior August 18, 1990 conviction for which he has served his time of confinement, and paid his debt to society and whether or not he actually committed the alleged offense if the polygraph exam registers a false reading then plaintiff would be terminated from treatment and would be considered to be violating his parole and sent to prison, Plaintiff will always believe he is innocent which poses a clear conflict of interest.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Now comes Plaintiff, Ezzard Howard, pro se and petitions this honorable court to grant his civil complaint claim pertaining to issues of his civil rights as set forth under Title 42 Section 1983 U.S.C., WhereAs, Ezzard Howard presents for review issues supporting his claim of civil rights violation, Wherefore, Plaintiff states as follows:

1.) Ezzard Howard, was convicted of Failure To report annually on June 5, 2006 after a guilty Plea and subsequently sentence to three years in The Illinois Department of Corrections.

2.) Plaintiff was discharged on Mandatory Supervised Release on October 19, 2007, and confined to residence, his movement is solely controlled by The Illinois Department of Corrections in which he is unable to seek employment on his own.

3-3.) Plaintiff Further states that he is asked by polygraph examiner if there are any crimes he has committed or been accused of committing that has never been reported to the police or that he has never been prosecuted for, if the polygraph examiner registers a false reading then his parole would become violative regardless of Fifth amendment clause.

4.) Plaintiff states that he signed a release of information, and that the release statement was coerced that he was told by parole agent that if he did not sign a supervisor would be notified and he would be violated for failing to comply with treatment request.

5.) Plaintiff further contends, that even though his conviction was 18 years ago and there has been no subsequent sexual convictions, he was not allowed to attend his 18 year old daughter's graduation because the state fears that there may be a possibility of minors being present, plaintiff states after initial conviction he

was allowed to parole home on mandatory supervised release for 3 1/2 years with his daughter. Ezzard Howard further contends that during his second parole August, 2001 and his third parole October, 2002 he was allowed to be with daughter, attend academic event during his current conviction his daughter was allowed to visit him at Stateville Correctional Center. Plaintiff feels after all these years of not posing a risk to daughter it violates Plaintiff civil right for the Illinois Department of Corrections to prevent him from attending his daughters graduation especially since they are currently allowing sexual offenders to attend movie theaters, baseball games, were minors frequent, shop at super market, and purchase gasoline, and shop in retail malls Plaintiff states that he is prevented from participating in this once in a life time event because he is refusing to take a polygraph exam.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

2) Plaintiff Request that the Court impose an Emergency Preliminary Injunction requiring the Illinois Department of Correction to cease and abstain from administering polygraph exams as to such time the Court can determine the constitutionality of said test. 2.) Plaintiff be positively compensated for not being allowed to attend daughter's graduation.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 13th day of June, 20 08

Ezzard Charles Howard

(Signature of plaintiff or plaintiffs)

Ezzard Charles Howard

(Print name)

#B32197

(I.D. Number)

4850 W. Augusta Blvd.

Chicago, IL 60651

(Address)

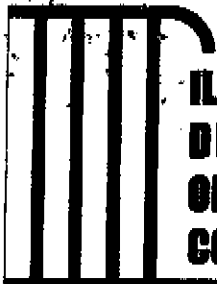
CRIMINAL REGISTRATION RECEIPT	
NAME: <u>Arnell, EZMAD</u>	<input type="checkbox"/> Initial Registration \$ 10.00
ADDRESS: <u>1000 1st Ave</u>	<input type="checkbox"/> Annual Renewal \$ 5.00
	<input checked="" type="checkbox"/> Fee Waived
CPD-23.205 (11/97)	04-2020
Original to Criminal Registration File - Yellow Copy to Registrant - Pink Copy to Finance Division	

12-1-2008
Date

E. Arnold
Registrant signature

1000 1st Ave
Registering member signature and star number

REGISTRANT



**ILLINOIS
DEPARTMENT
OF
CORRECTIONS**

ROD. H. Blagojevich
Governor

Roger E. Walker Jr.
Director

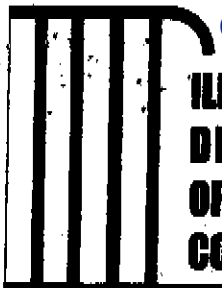
Howard

Special Needs Unit, 3508 W. Grand Ave., Chicago, IL 60651 / (773) 292-2874 / TDD: (800) 526-0844

INSTANT

POLYGRAPH FAQ

1. When is my polygraph scheduled for? Thursday, June 26, 2008 @ 12:30 P
2. At what location will I be polygraphed? Special Needs Unit
3. Who will I be polygraphed by? Conrad Polygraph, Inc. (708) 346-9895
4. How much will this cost? \$300.00
5. What are the forms of payment? Cash or money order (see #3 above)
6. How long will the test take? Anywhere from 1 - 4 hours, normally 1 1/2 hours
7. Do I need to bring anything the day of the test? Driver license or other picture ID
8. Will I get a copy of the test results? Reports can be requested by lawyers only
9. Are there different types of polygraph tests? History, Maintenance, Instant Offense, or Denial tests may be administered depending on where you are at in treatment.
10. Do I have the right to refuse to take a polygraph? Therapist will explain consequences.
11. Can I re-schedule my appointment date? Only therapist or agent can re-schedule
12. What if I don't have the money for the test? Therapist will explain consequences
13. Will there be any pain during this test? There will be no pain during the polygraph test
14. What if I fail any question or am deceitful? Therapist will explain consequences
15. Can my parole be violated due to the results? Therapist will explain any consequences



**ILLINOIS
DEPARTMENT
OF
CORRECTIONS**

Rod. R. Blagojevich

Governor

Roger E. Walker Jr.

Director

Howard, E

Special Needs Unit, 3508 W. Grand Ave., Chicago, IL 60651 / (773) 292-2874 / TDD: (800) 526-0844

Maintenance

POLYGRAPH FAQ

1. When is my polygraph scheduled for? Thurs., May 22, 2008 @ 10:00A
2. At what location will I be polygraphed? Special Needs Unit
3. Who will I be polygraphed by? Conrad Polygraph, Inc. (708) 346-9895
4. How much will this cost? ~~\$300.00~~ \$200.00
5. What are the forms of payment? Cash or money order (see #3 above)
6. How long will the test take? Anywhere from 1 - 4 hours, normally 1 1/2 hours
7. Do I need to bring anything the day of the test? Driver license or other picture ID
8. Will I get a copy of the test results? Reports can be requested by lawyers only
9. Are there different types of polygraph tests? History, Maintenance, Instant Offense, or Denial tests may be administered depending on where you are at in treatment.
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14. What if I fail any question or am deceitful? Therapist will explain consequences
15. Can my parole be violated due to the results? Therapist will explain any consequences

ACKNOWLEDGEMENT OF LIMITED CONFIDENTIALITY AND WAIVER

I, Ezzard Howard, have been informed and acknowledge that I have limited rights of confidentiality regarding my treatment in the Department of Corrections.

I understand that the purposes of this waiver are for coordinating and planning my treatment, Protecting the community from my sexually aggressive behavior, and repairing damage Perpetrated on my victims by my sexually aggressive behavior.

I consent to unrestricted communication between treatment staff and any other individual or agency with whom treatment staff judge communication is necessary in order to achieve the purposes stated above. I understand that these individuals or agencies may include, but are not limited to, the court, the victim, and Social Service Agencies.

I also understand that treatment staff are obligated under Illinois law to report acts of abuse toward children, the disabled, and the elderly. There is also a general obligation of treatment staff to inform the authorities or others if, in the professional opinion of staff, my behavior upon release presents a clear and imminent danger to either myself or other persons.

I understand that sexually aggressive behavior is criminal conduct that has serious consequences to the victim and the community. I want to control my sexually aggressive behavior, and I wish to be held fully accountable for my behavior.

I acknowledge that this waiver is signed without threat, promise or coercion and is a voluntary act on my part.

Date 2/15/08

Ezzard Howard B37197
Signature of parolee Institution #

Date 2/15/08

Richard King, MA, LPC
Witness

Date _____

Witness _____

STATE OF ILLINOIS
Prisoner Review Board Order

Facility: Centralia Correctional CenterDate: 11/06Offender Name: Howard, EzzardID# B32197

Clinical Services Recommendations for Release: RECOMMENDATIONS: Submit to electronic home detention & Sex offender counseling as directed by the Department of Corrections & rule #5. Anger management assessment

Counselor:

Signature

Beth Cook cc2

Supervisor:

Signature

Omne Casey

Board Action:

- ☐ Mandatory Supervised Release Approved Effective When Eligible
☐ Released Prior to Hearing
☐ Statutory Parole Approved

The releasee is obligated to obey the general rules governing parolees or mandatory supervised releasees and the following special order(s):

Conditions:

1. ☐ Substance Abuse Counseling - (CD)
(To include drug and/or alcohol evaluation for need and/or completion of recommended counseling program.)
2. ☐ Anger Management Counseling - (CG)
(To include evaluation for need and/or completion of recommended counseling program.)
3. ☒ Sex Offender Counseling - (CX)
(To include evaluation for need and/or completion of recommended counseling program.)
4. ☒ Outpatient Mental Health Counseling - (CP)
(To include evaluation for need and/or completion of recommended counseling program.)
5. ☒ Electronic Monitoring - (CE) For a period of _____
(Electronic Monitoring shall not be removed prior to this time unless approved by the Prisoner Review Board. Any request for Electronic Monitoring removal shall be submitted by the Illinois Department of Corrections with a current progress report.)
6. ☒ No Victim Contact - (CT) _____
7. ☒ Other - (CO) Sex offender Registry

For the Board:

Signature:

[Signature]

Date:

11/01/06

Signature:

[Signature]

Date:

Signature:

[Signature]

Date:

For use during personal interviews only:

I hereby attest that I have been served the above noted conditions of my parole/mandatory supervised release and understand that failure to follow these conditions may result in the revocation of my parole.

Releasee's Signature:

[Signature]

Date:

11-01-06

FROM: LAST REVIEWED: HOWARD, EZZARD
 DATE: AT 11:15, 1998
 NAME: I.D. # B-32197

STATE OF ILLINOIS

TO: PRISONER REVIEW BOARD

BOARD ACTION: ☒ Mandatory Supervised Release Approved Effective When Eligible.
☐ Released Prior to Hearing.
 Date: 10/26/94 (NOV. DKT) ☐ Statutory Parole Approved.

YOU ARE OBLIGATED TO THE GENERAL RULES GOVERNING PAROLEES OR MANDATORY SUPERVISED RELEASEES AND THE FOLLOWING SPECIAL ORDER(S).

CONDITIONS

- 1 ☐ Participate in a Drug Abuse Program.
- 2 ☐ Participate in an Alcohol Abuse Program.
- 3 ☐ Admit yourself to inpatient mental health treatment at a facility of the Department of Mental Health and remain there until released by the Department of Mental Health.
- 4 ☐ Submit yourself to out-patient care as prescribed by a Mental Health Clinic.
- 5 ☒ Report to an agent of the Department of Corrections for supervision and permit the agent to visit you at your home or elsewhere as he directs.
- 6 ☒ Other: participate in and complete Sex Offender Program

FOR THE BOARD:

[Signature]
[Signature]
[Signature]

Clinical Services Recommendation for Release:

- ☐ No special Recommendation
☒ Recommend SEX OFFENDER TREATMENT
 be a part of the Release Agreement.

COMMENT: (Attach PCR if desired) DUE TO NATURE OF OFFENSE

DISTRIBUTION:

WHITE -- BOARD
 CANARY -- INSTITUTION FILE
 PINK -- RESIDENT
 GOLDENROD -- FIELD OR CLINICAL SERVICES

[Signature] COUNSELOR
[Signature] SUPERVISOR

THE CIRCUIT COURT OF COOK COUNTY

PEOPLE OF THE STATE OF ILLINOIS)

V.)

EZZARD HOWARD)

Defendant

CASE NUMBER 06CR0858401

DATE OF BIRTH 10/04/62

DATE OF ARREST 03/24/06

IR NUMBER 0757653 SID NUMBER 024468900

ORDER OF COMMITMENT AND SENTENCE TO
ILLINOIS DEPARTMENT OF CORRECTIONS

The above named defendant having been adjudged guilty of the offense(s) enumerated below is hereby sentenced to the Illinois Department of Corrections as follows:

Count	Statutory Citation	Offense	Sentence	Class
001	730-150/6	NOTIFICATION/NO FIXED ADD	YRS. 003 MOS. 00	2
and said sentence shall run concurrent with count(s) _____				
_____ and said sentence shall run (concurrent with) (consecutive to) the sentence imposed on:			YRS. _____ MOS. _____	
_____ and said sentence shall run (concurrent with) (consecutive to) the sentence imposed on:			YRS. _____ MOS. _____	
_____ and said sentence shall run (concurrent with) (consecutive to) the sentence imposed on:			YRS. _____ MOS. _____	
_____ and said sentence shall run (concurrent with) (consecutive to) the sentence imposed on:			YRS. _____ MOS. _____	

On Count _____ defendant having been convicted of a class _____ offense is sentenced as a class x offender pursuant TO 730 ILCS 5/5-5-3(C)(8).

On Count _____ defendant is sentenced to an extended term pursuant to 730 ILCS 5/5-8-2.

The Court finds that the defendant is entitled to receive credit for time actually served in custody for a total credit of 0074 days as of the date of this order

IT IS FURTHER ORDERED that the above sentence(s) be concurrent with the sentence imposed in case number(s) _____

AND: consecutive to the sentence imposed under case number(s) _____

IT IS FURTHER ORDERED THAT MITT TO ISSUE _____

IT IS FURTHER ORDERED that the Clerk provide the Sheriff of Cook County with a copy of this Order and that the Sheriff take the defendant into custody and deliver him/her to the Illinois Department of Corrections and that the Department take him/her into custody and confine him/her in a manner provided by law until the above sentence is fulfilled.

DATED JUNE 05, 2006 05:00

ENTER: 06/05/06

CERTIFIED BY M. MIXON

DEPUTY CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, IL

JUDGE: GAUGHAN VINCENT

IN RE: EZZARD HOWARD
CASE NO. 06CR-8584

B3297
Cent

OFFICIAL STATEMENT OF FACTS

ON MARCH 24, 2006 AT 5555 W. GRAND, CHICAGO, ILLINOIS, THE DEFENDANT, EZZARD HOWARD, FAILED TO KEEP HIS SEX OFFENDER REGISTRATION UP TO DATE.

THE DEFENDANT HAS A PRIOR CONVICTION FOR THE SAME THING AND A CONVICTION FOR AGGRAVATED CRIMINAL SEX ASSAULT.

THE DEFENDANT SHOULD BE DENIED EARLY RELEASE.

RICHARD A. DEVINE
State's Attorney of Cook County

By:

LOU LONGHITANO
Assistant State's Attorney

DEFENDANT'S
COPY

NAME: Ezzard Howard

CASE #: 06CR-8584

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER TRACKING SYSTEM RM
VERIFICATION OF INCARCERATIONPAGE 1
RUN DATE 07/07/06
RUN TIME 14.47.39

NAME: HOWARD, EZZARD IDOC #: B32197
 DATE OF BIRTH: 10/04/1962 LIVING UNIT: CEN-CEN-E5-D -06
 HOLDING MITT CUSTODY DATE: 03/21/2006
 DATE ENTERED DEPARTMENT OF CORRECTIONS: 06/09/2006
 DATE RECEIVED AT: CENTRALIA 06/22/2006
 PROJECTED DATE OF RELEASE FROM CUSTODY: 09/21/2007
 TYPE OF RELEASE: PROJECTED MSR DATE

DESCRIPTION OF OFFENSE:

INDICTMENT #	OFFENSE	SENTENCE YR MO DA
06CR0858401	FAILURE TO REPORT ANNUALLY/2+	0003 00 0000
*02CR1849301	FAIL REPORT CHANGE OF ADDRESS	0001 00 0000
*00CR2234201	FORGERY/MAKE/ALTER DOCUMENT	0003 00 0000
<u>2</u> *90CR22508	<u>AGG CRIM SEX ASSAULT/FELONY</u>	0007 00 0000

ADDITIONAL INFO ON PAGE 2

NOTE : "*" DISCHARGED MITTS

7-7-06
 (DATE)


 RECORDS OFFICE SUPERVISOR

CENTRALIA

CORR. CENTER

CC: MASTERFILE